

Are They Really Serious?

TO THE EDITOR: About every four months, a professional sports team celebrates the glory of winning a world championship—in their dressing room and on worldwide television. Team members scurry in and out of the picture either “chug-a-lugging” a magnum of champagne or pouring the bubbly liquid over the heads and into the eyes of league officials, teammates, and reporters while millions watch. Within weeks of this event, the team issues a brief announcement that one or more of its star players are being treated for substance abuse. Meanwhile, the commissioner, a team representative, and the team physician declare on national talk shows that they have alcohol abuse under control.

Major league sports have spearheaded extensive anti-substance abuse campaigns, but they at the same time have permitted and tolerated the slobbering of alcoholic beverages while millions of potential alcohol users observe. Both players and management have failed to send a strong message to the public that alcohol need not be a part of winning.

Previously, I cautioned that professional athletes “dipping” snuff tobacco on television would increase sales of the carcinogenic product.¹ Now it is time for the medical community to point out that associating victory with alcohol use may also increase consumption.

If major league sports organizations are really serious about sending a message to curb alcohol and drug abuse, now is the time to denounce and ban the unprofessional drinking and drenching of personnel and reporters on television.

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REFERENCE

1. Frankel HH: Another cowboy selling cancer (Correspondence). *West J Med* 1979; 130:270-271

Oral and Intramuscular Ceftriaxone for Meningococcal Infections

TO THE EDITOR: We would like to take this opportunity to correct a statement made by Dr Wright in an article on meningococcal infections in the January 1989 issue.¹

Wright refers to a study by Abramson and Spika,² stating that “cultures of the upper respiratory tract in 28.6% of children were positive a week after completing intravenous ceftriaxone therapy for meningococcal disease.”

In fact, the patients referred to in this study were treated with intravenous ampicillin and chloramphenicol and/or intravenous penicillin, not ceftriaxone.

Schwartz and colleagues³ have conducted a study comparing a single dose of ceftriaxone to multiple doses of rifampicin in the eradication of group A *Neisseria meningitidis*. They compared the efficacy of a single intramuscular dose of ceftriaxone to the use of oral rifampicin (four doses in two days) during an outbreak of meningococcal meningitis. Pharyngeal specimens were taken for culture before and one and two weeks after administration. A total of 347 case contacts were enrolled; 179 received ceftriaxone (a single 250-mg intramuscular dose for adults or 125 mg for children), and 168 received rifampicin (600 mg for adults and 10 mg per kg per dose for children twice a day for two days). At one week, the eradication rates for ceftriaxone and rifampicin were 97% and 75%, respectively; at two weeks they

were 97% and 81%, respectively. No serious side effects were reported with the use of either agent.

Judson and Ehret report on a study involving 38 patients with gonorrhea who were carrying *N meningitidis* in the posterior pharynx.⁴ Patients were randomly assigned to receive (in a 2:1 ratio) either ceftriaxone (a single 125-mg dose) or spectinomycin hydrochloride (2 grams in one intramuscular injection) for the treatment of anogenital gonorrhea or confirmed recent exposure to gonorrhea. All 29 patients treated with ceftriaxone were cured of their meningococcal carriage compared to only one of nine treated with spectinomycin.

We hope these comments clarify the situation.

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REFERENCES

1. Wong VK, Agee B, Kim KS, et al: Meningococcal infections (Specialty Conference). *West J Med* 1989; 150:68-73
2. Abramson JS, Spika JS: Persistence of *Neisseria meningitidis* in the upper respiratory tract after intravenous antibiotic therapy for systemic meningococcal disease. *J Infect Dis* 1985; 151:370-371
3. Schwartz B, Al-Tobaiqi A, Al-Ruwais A, et al: Comparative efficacy of ceftriaxone and rifampicin in eradicating pharyngeal carriage of group A *Neisseria meningitidis*. *Lancet* 1988; 1:1239-1242
4. Judson FN, Ehret JM: Single-dose ceftriaxone to eradicate pharyngeal *Neisseria meningitidis*. *Lancet* 1984; 2:1462-1463

Emboli From the Heart

TO THE EDITOR: The discussion by Dr Stratton in the August issue on left ventricular thrombi and atrial fibrillation as common causes of emboli from cardiac sources was excellent.¹ Unfortunately, the title was misleading; it should have read “Common Causes of Cardiogenic Emboli (rather than Cardiac Emboli)—Left Ventricular Thrombi and Atrial Fibrillation.” Cardiac emboli are emboli lodged in the heart, such as coronary embolism. Cardiogenic emboli are emboli from the heart.

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1. Stratton JR: Common causes of cardiac emboli—Left ventricular thrombi and atrial fibrillation (Specialty Conference). *West J Med* 1989; 151:172-179

Treating Otitis Media

TO THE EDITOR: I read with interest the article by Dr Borge-nicht, “A Matter of Trust,” in the August issue.¹ Far too many children who have had suppurative otitis media with effusion have gone on to have active chronic otitis media, meningitis, brain abscess, and death. I most clearly recall a child with otitis media who went on to develop bacterial meningitis and had a stroke. Now, in addition to being paralyzed on one side of his body, he is totally deaf.

While there is some room for variation in style of practice, there is no doubt that antibiotics—traditional, not herbal—and microsurgery have greatly reduced the compli-